

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-942143

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 214

FILED AUG 23 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Charles

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
3652 E. Edgar St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

GEORGE BENJAMIN COWLING

4. DATE  
OF  
DEATH

Month

Day

Year

8-13-62

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5/17/16

## 9. AGE (last birthday)

46

## IF UNDER 1 YEAR

Months Days Hours Min.

2 26

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

## 10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

## 11. BIRTHPLACE (City and state or country)

BROWNS, ILL.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

GEORGE COWLING

## 13b. MOTHER'S MAIDEN NAME

JENNY PETERS

## 14. NAME OF HUSBAND OR WIFE

EVELYN L. SPRUELL

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

(If yes, give war or dates of service) W.W.II

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Evelyn Cowling.

Address

## 18. CAUSE OF DEATH (Enter only one cause per line if death was caused by:)

## IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

HRS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 4 Feb 50, to 13 Aug 62 and last saw him alive on 13 AUG 62  
Death occurred at St. Charles Mo 7:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

H. E. Hengen MD

## 22b. ADDRESS

Bridgeton Mo

## 22c. DATE SIGNED

14 Aug 62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

## 23b. DATE

8/17/62

## 23c. NAME OF CEMETERY OR CREMATORY

GRACELAND CEMETERY

## 23d. LOCATION (City, town, or county)

Albion, Ill.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

NAKE'S FUNERAL HOME - ALBION, ILL

## 25. DATE RECD. BY LOCAL REG.

8-14-62

## 26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 23 1962  
SEP 28 1962  
DEC 5 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frederic M. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.